PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of manienance fees will be mailed to the current correspondence discuss as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "BADRESS" for

CURRENT CORRESPOND	No Fe	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
			ha	e its own certificate	of mailing of	r transmission.	a or rormar arawing, must
20350	7590 05/13			Certificate of Mailing or Transmission			
	AND TOWNSEN ADERO CENTER R	LLP I h Sta ade tra	I hereby certify that this Fe(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mill an envelope addressed to the Mail Stop ISSUE FEE address above, or being facisimle transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)				
SAN FRANCIS	CO, CA 94111-383	Г					
			Г				(Signature)
							(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/640,343 08/12/2003			Toshifumi Honda		16869P-078200US		7711
TEE OF INVENTION	: DEFECT INSPECTIO	NMETHOD					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	08/13/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
		2624	382-149000				
. Change of correspondence address or indication of "Fee Address" (37 PR 1.363).			For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Townsend and Townsend and Crew				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the naties of up to registered patern automys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered automy or agent) and the names of up to 2 registered patent automys or agents. If no name is listed, no name will be printed.				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	rpe)			
PLEASE NOTE: Unl recordation as set forti	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee eletion of this form is NO	data will appear on the part of the part of the part of the part of the data will appear on the part of the part o	natent. If an assigner	ee is identifi	ed below, the do	cument has been filed for
(A) NAME OF ASSIG			(B) RESIDENCE: (CIT				
Hitachi High-Te	chnologies Corporation	Tokyo, Japan					
lease check the appropri	ate assignee category or	categories (will not be po	rinted on the patent) :	Individual 🖾 Co	orporation or	other private gro	up entity 🔲 Government
a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply an	y previousl	paid issue fee s	hown above)
XX Issue Fee		A check is enclosed.					
Publication Fee (No small entity discount permitted)			☐ Payment by credit card. Form PTO-2038 is attached. ② The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 201430 (enclose an extra copy of this form).				
Advance Order - 1	of Copies5		XX The Director is hereb overpayment, to Dep	y authorized to char osit Account Numbe	ge the requir r 201430	ed fee(s), any def (enclose an	iciency, or credit any extra copy of this form).
	us (from status indicated		D			0	D 1 05/ 1/01
	SMALL ENTITY statu		b. Applicant is no los				
nterest as shown by the r	ecords of the United Sta	tes Patent and Trademark	Office.	ше аррисані, а геді	owica auom	y or agent, of the	assignee or other party in
Authorized Signature	/Robert C.	Colwell/		Date	August	7, 2008	
Typed or printed name Robert C. Colwell				Registration No. 27,431			
his collection of informs a application. Confident ubmitting the completed his form and/or suggesti 30x 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. DC 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or 1.14. This collection is ex- depending upon the indi- de Chief Information Offic COMPLETED FORMS T	retain a benefit by the stimated to take 12 re vidual case. Any co er, U.S. Patent and ' O THIS ADDRESS	he public wh ninutes to co mments on t Trademark C SEND TO:	ich is to file (and mplete, including he amount of tin Office, U.S. Depa Commissioner fi	by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.